

EMERGENCY INFORMATION / MEDICAL SUMMARY

Date of last revision _____

Completed by: _____

NAME/RELATIONSHIP

Signature: _____

Name: _____

Birthday: _____

Address: _____

Gender: _____

Primary Language/Mean of Communicating: _____

Interpreter needed: YES NO

Glasses: YES NO Hearing aids: YES NO

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Parent/Guardian Name/Relationship: _____

Address: _____ Phone: _____

Primary Language: _____

Interpreter needed: YES NO

Primary Care Physician Name: _____

Emergency Phone: _____ Fax: _____

Specialty Physician name/specialty: _____

Emergency Phone: _____ Fax: _____

Specialty Physician name/specialty: _____

Emergency Phone: _____ Fax: _____

Anticipated ED: _____

Address and Zip Code (for GPS): _____

Phone: _____

Pharmacy: _____

Phone: _____

EMERGENCY INFORMATION / MEDICAL SUMMARY (CONTINUED)

Diagnosis	Past Procedures	Physical Exam Findings
COMMENTS:		

Baseline physical findings: _____

Baseline vital signs: _____

Baseline neurological status: _____

Medication	Dose	Prescribed by

Significant baseline ancillary findings (lab, x-ray, ECG): _____

Prostheses/Appliances/Advanced Technology Devices: _____

Allergies: _____

Procedures to Avoid	Why	Per

Immunizations: _____ Date of last tetanus shot: _____

Common presenting problems: _____

Suggested diagnostic studies: _____

Treatment considerations: _____

Other: _____

Full code -or- Allow Natural Death